

Name
in
Full

William Austin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Quantico</u>			Town <u>Quantico</u>		County <u>Wicomico</u>		MARYLAND	
Date of death <u>1906</u>		Month <u>May</u>		Day <u>20</u>		Years <u>34</u>		Months
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Quantico Md</u>		Days		
Occupation <u>Butcher</u>				Where Residing if not at place of death <u>Quantico Md</u>				
Married, Single or Widowed				Name of Wife or Husband <u>Maggie Austin</u>				
Father's Name <u>Don't know</u>				Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>Anna Gale Ving Gale</u>				Mother's Birthplace <u>Quantico</u>				
Name of person giving information <u>William Austin Jr</u>				How related to deceased <u>Son</u>				

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary	<u>Heart Disease</u>	How long	<u>Several years</u>
		How long	<u>4 weeks</u>
Immediate	<u>Remittent Fever</u>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm H. H. Dashiell M.D.</u>	
		Address <u>Quantico Md</u>	
Accident or Suicide?			



Name
in
Full

Emory Banks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

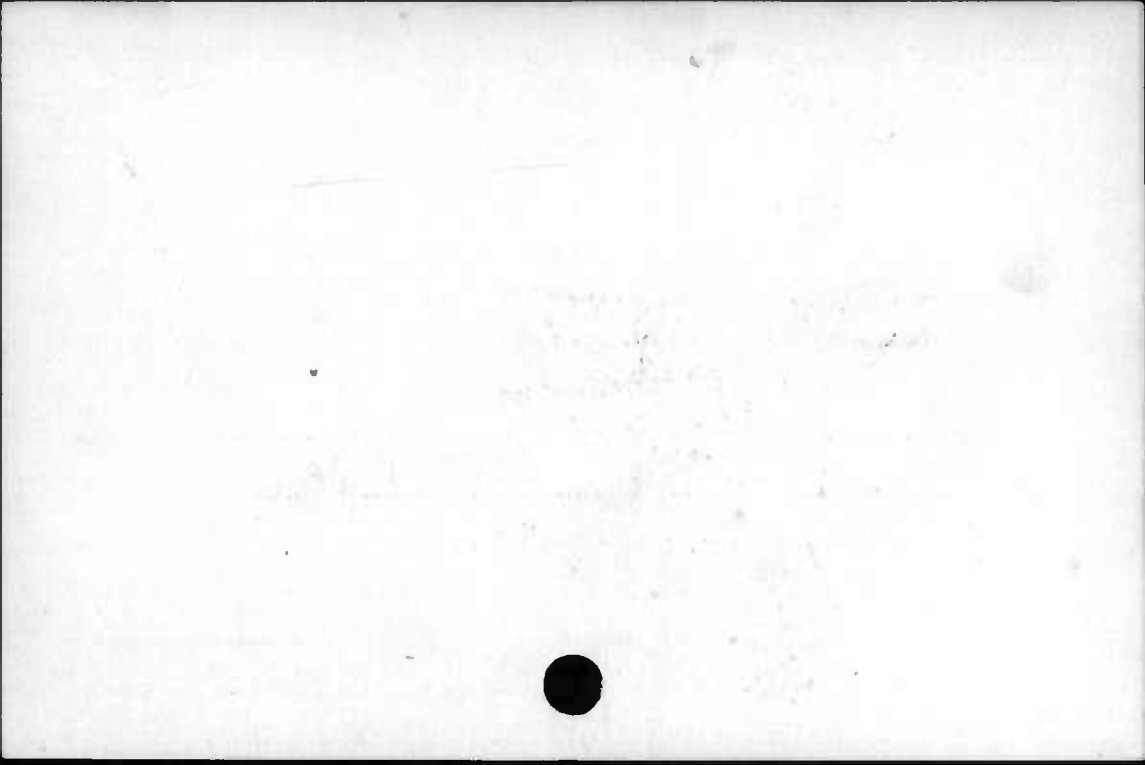
Died at <i>Alms House</i>		Town		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>1st</i>	Years <i>80</i>		Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dont Know</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Alms House</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Dont Know</i>					
Father's Name <i>Dont Know</i>				Father's Birthplace <i>Dont Know</i>			
Mother's Maiden Name <i>Dont Know</i>				Mother's Birthplace <i>Dont Know</i>			
Name of person giving information <i>John Darby Esqr</i>				How related to deceased <i>no relation</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Old age with Kidney trouble</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. H. H. Dashiell M.D.</i>
		Address <i>Quintico Md.</i>
Accident or Suicide?		



Name
in
Full

Martha Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Near Mardela</i>		County <i>Wicomico</i>			
Date of death	Month <i>May</i>	Day <i>10</i>	Age <i>24</i>	Years <i>3</i>	Months <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Sorchester Co</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Willie Bennett</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mrs Evershman</i>			How related to deceased <i>Neighbour</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Child birth</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
	Address <i>W.D. Granger & Co</i>
Accident or Suicide?	<i>No</i>



Name
in
Full

Minnie Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>her home</i>		Town <i>Wicomico</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1900	Month	5	Day	11	Age	26
Sex <i>Female</i>		Color or Race <i>White</i>		Years		Months	Days
Occupation <i>Lady</i>		Where Residing if not at place of death		Birth-place			
Married, Single or Widowed		Name of Wife or Husband		William Bennett			
Father's Name		Richard James		Father's Birthplace		England	
Mother's Maiden Name		Ellen James		Mother's Birthplace		Pennsylvania	
Name of person giving information				How related to deceased			

CAUSES OF DEATH

120

How long

How long

PHYSICIAN
OR CORONER

Primary

Bright disease

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. Brackman

Address

Wicomico, Md.

Accident or Suicide?



Name
in
Full

Still Born Child, Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mar Mandala Springs* Town *Mcconnico* County

Date of death *1906* Month *5* Day *9* Age *—* Years *—* Months *—* Days *—*

Sex *—* Color or Race *White* Birth-place *—*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *William Bennett* Father's Birthplace *—*

Mother's Maiden Name *Minnie James* Mother's Birthplace *—*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

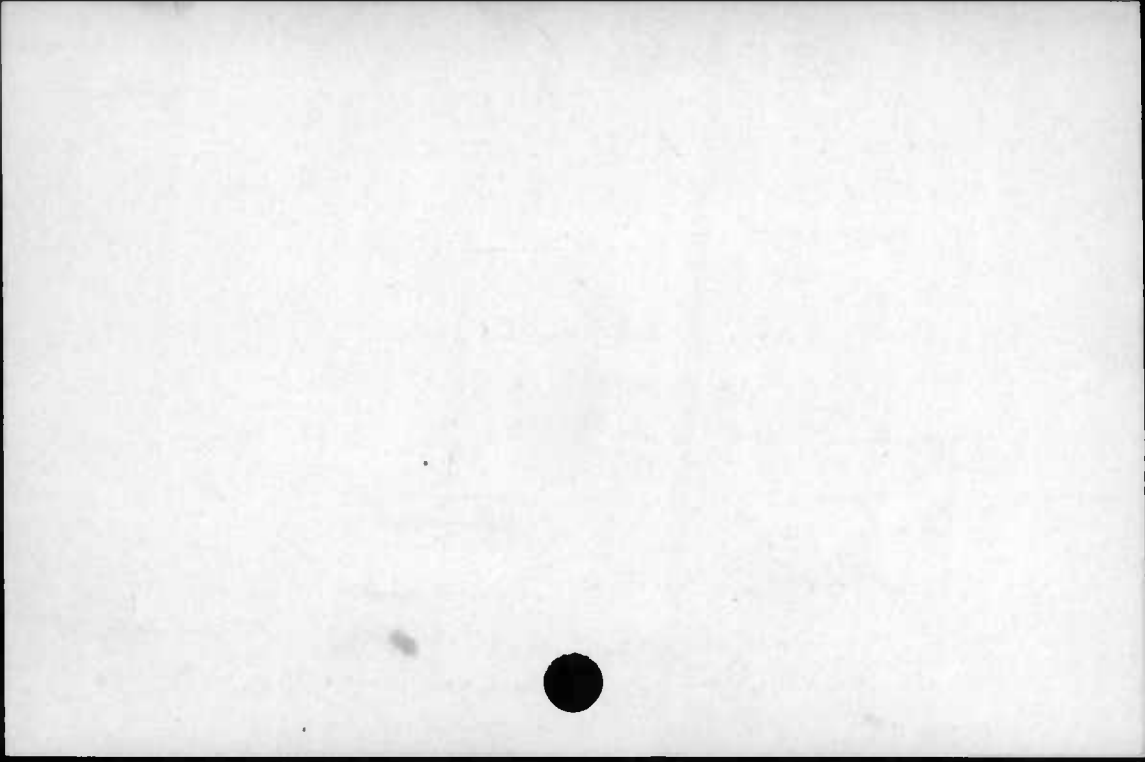
Primary *—* How long *—*

Immediate *Still Born* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. L. English*
Address *Mandala Springs Md, Coroner*

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		May	13	45			
Sex	Male		Color or Race	White		Birth-place	Wicomico Co. Md.
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Laura E. Gordy			
Father's Name	John T. Gordy		Father's Birthplace	Maryland			
Mother's Maiden Name	Laura Parsons		Mother's Birthplace	"			
Name of person giving information	Paul P. Whayland		How related to deceased	Son in Law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Caecilia for Malignant abdominal disease		How long	Several months
Immediate	Heart Failure		How long	died suddenly
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Louis W. McOm's, M.D.
			Address	On line of road
Accident or Suicide?				



Name

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Full

Mrs Cora Ellen Gordy

CERTIFICATE OF DEATH

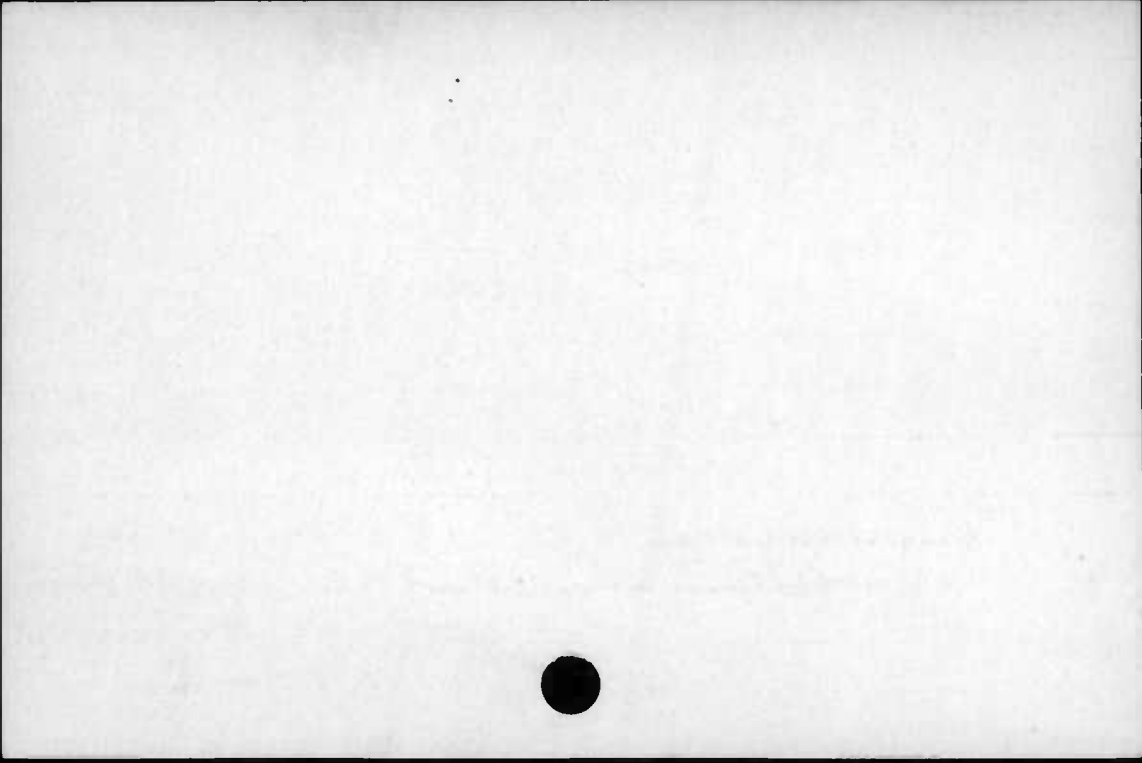
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Hiconico</i> ^{County}		MARYLAND	
Date of death	1906	Month	May	Day	13th
				Years	36
				Months	6
				Days	7
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Wife</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>George J. Gordy</i>	
Father's Name	<i>Wm. F. Ward</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Sallie E. Wimbrow</i>			Mother's Birthplace	"
Name of person giving information	<i>Virgil F. Ward</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Several years</i>
Immediate	<i>Inanition</i>	How long	<i>Several Months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>F. M. Clemmons M.D.</i>
		Address	<i>Salisbury Md.</i>
Accident or Suicide?			



CERTIFICATE OF DEATH

Died at <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>10</i>	Age <i>19</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Md</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Julias Green</i>				
Father's Name <i>Hampton Steward</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Harriet Jones</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Julias Green</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	How long	<i>Don't know</i>
Immediate	<i>General excision</i>	How long	<i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Louis Williams MD</i>
		Address	<i>Onialy Md</i>
Accident or Suicide?			



Name
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Full

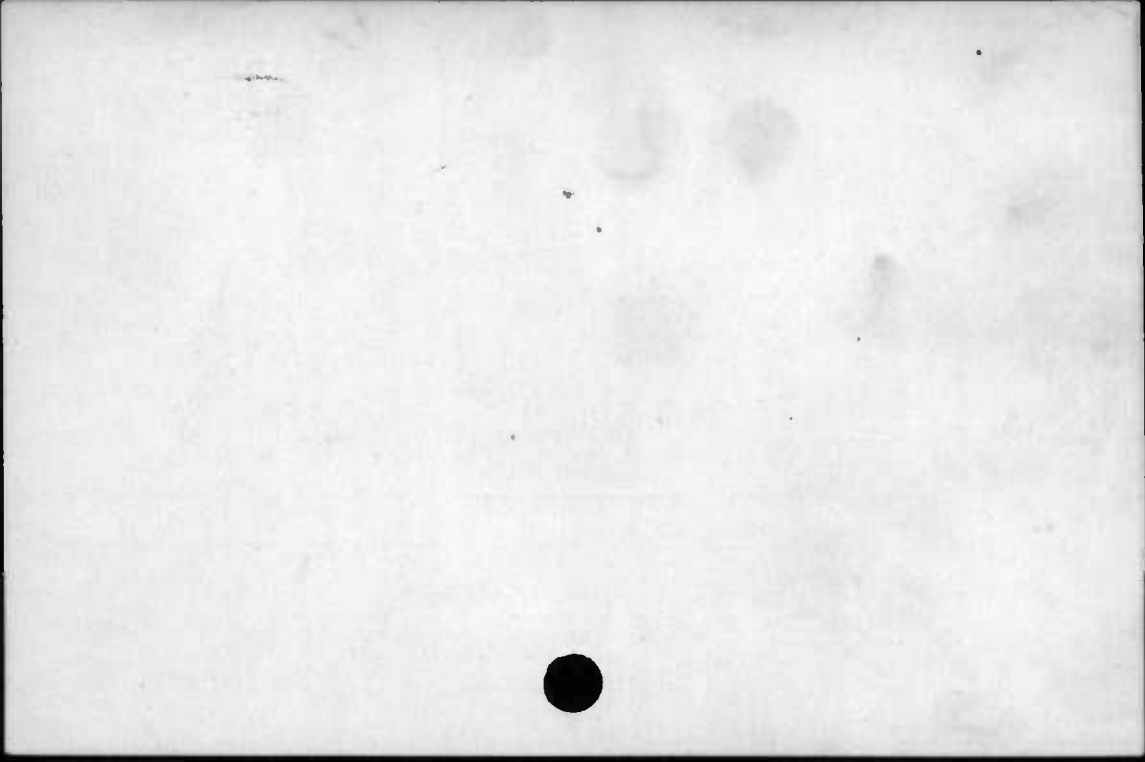
CERTIFICATE OF DEATH

Harriet Halloway

Died at <i>Alms House</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1906</i> Year	<i>May</i> Month	<i>31</i> Day	Age	<i>88</i> Years
					<i>11</i> Months
					<i>24</i> Days
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>MD</i>
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Husband <i>Elijah Perdue</i>				
Father's Name	<i>Bowden Perket</i>			Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>—</i>			Mother's Birthplace	<i>—</i>
Name of person giving information	<i>S J R Halloway</i>			How related to deceased	<i>no relation</i>

CAUSES OF DEATH

Primary	<i>Old age</i>	How long	<i>106</i>
Immediate	<i>Diarrhoea</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm H B Dashiell</i>
		Address	<i>Quantico Md</i>
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

Esther C. Hammond

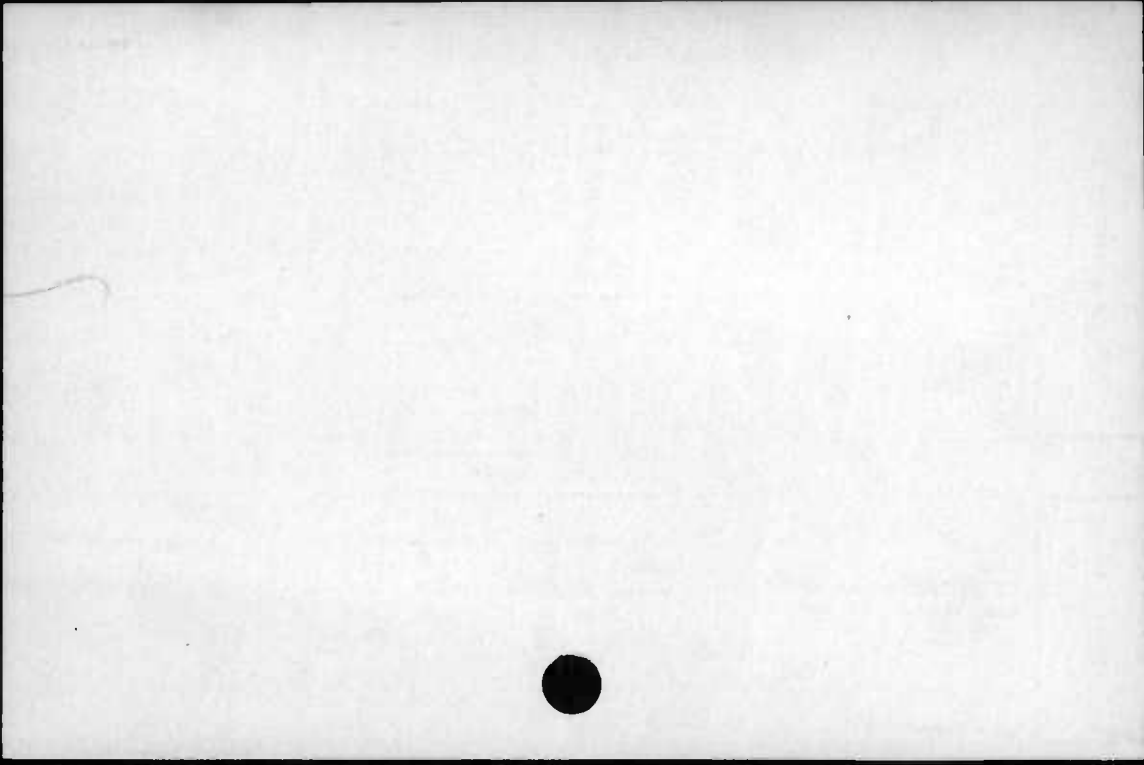
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fruitland		County Wicomico		MARYLAND	
Date of death	1906	Month May	Day 20 th	Age	22	Years	Months 0
Sex	Female		Color or Race	Colored		Birth- place	West Virginia
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Solomon Hammond					Father's Birthplace	Carroll Co. Md.
Mother's Maiden Name	Terra Rosell					Mother's Birthplace	Baltimore Md.
Name of person giving In formation	Solomon Hammond					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Injury to back	How long	Some years
Immediate	Secondary tuberculosis (confirmed)	How long	1 year
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Myers
		Address	Salisbury Md.
Accident or Suicide?	No		



Name
in
Full

CERTIFICATE OF DEATH

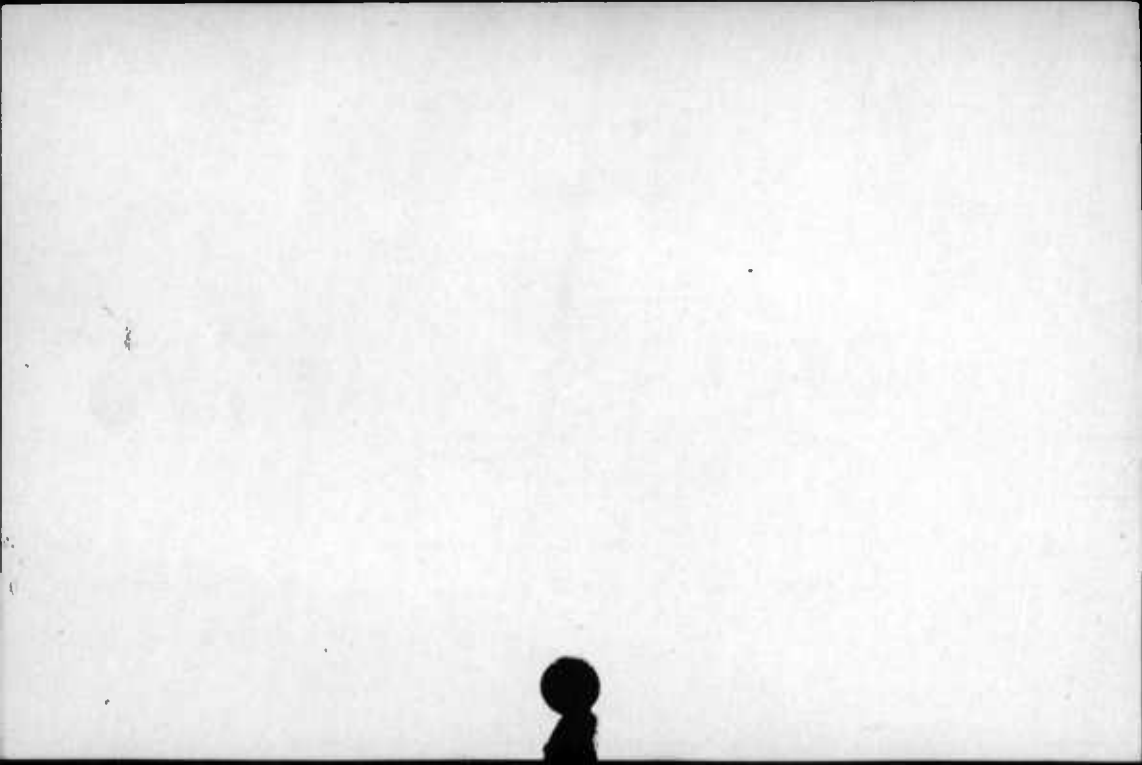
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Anna M. Hastings</i>		Town <i>Fruitland</i>		County <i>Mic</i>		MARYLAND	
Died at		Date of death <i>1906 May 31</i>		Age <i>1</i>		Months <i>8</i>	
Sex <i>Girl</i>		Color or Race <i>White</i>		Birth-place <i>Fruitland</i>		Days	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Samuel C. Hastings</i>				Father's Birthplace <i>Danvers Co</i>			
Mother's Maiden Name <i>Anna Castelle</i>				Mother's Birthplace <i>Fruitland</i>			
Name of person giving information <i>Jas H. Castelle</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>Three weeks</i>
Immediate <i>Cerebral Congestion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. I. T. Long</i>
	Address <i>Allen Ind</i>
Accident or Suicide	



Name
in
Full

Elmer L Hastings

CERTIFICATE OF DEATH

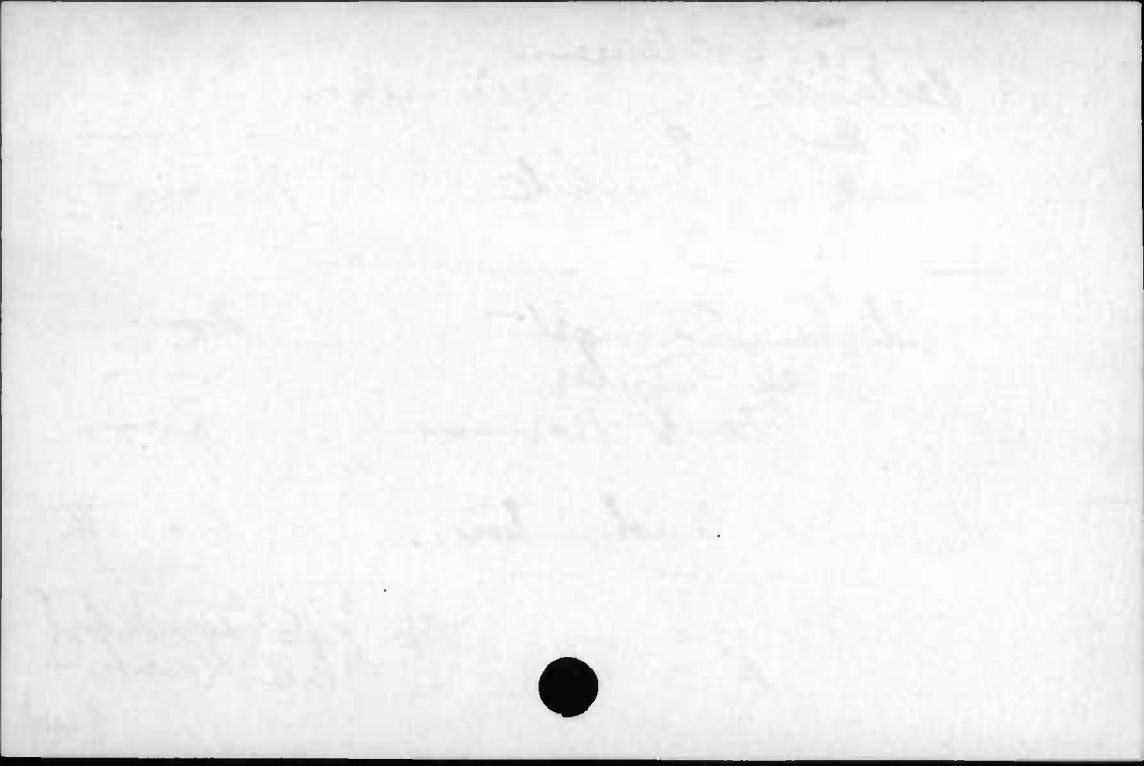
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death	<u>1906</u> Month <u>May</u>	<u>2</u> Day	Age <u>1</u> Years	<u>8</u> Months	<u></u> Days
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Salisbury Md</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>William E Hastings</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Blanch Daisy</u>		Mother's Birthplace			
Name of person giving information <u>Ernest Hastings</u>		How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Toxicallitis</u>	(101)	How long <u>1 week</u>
Immediate <u>Convulsions</u>		How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Louise M. M. M. M.</u>	Address <u>Salisbury Md</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

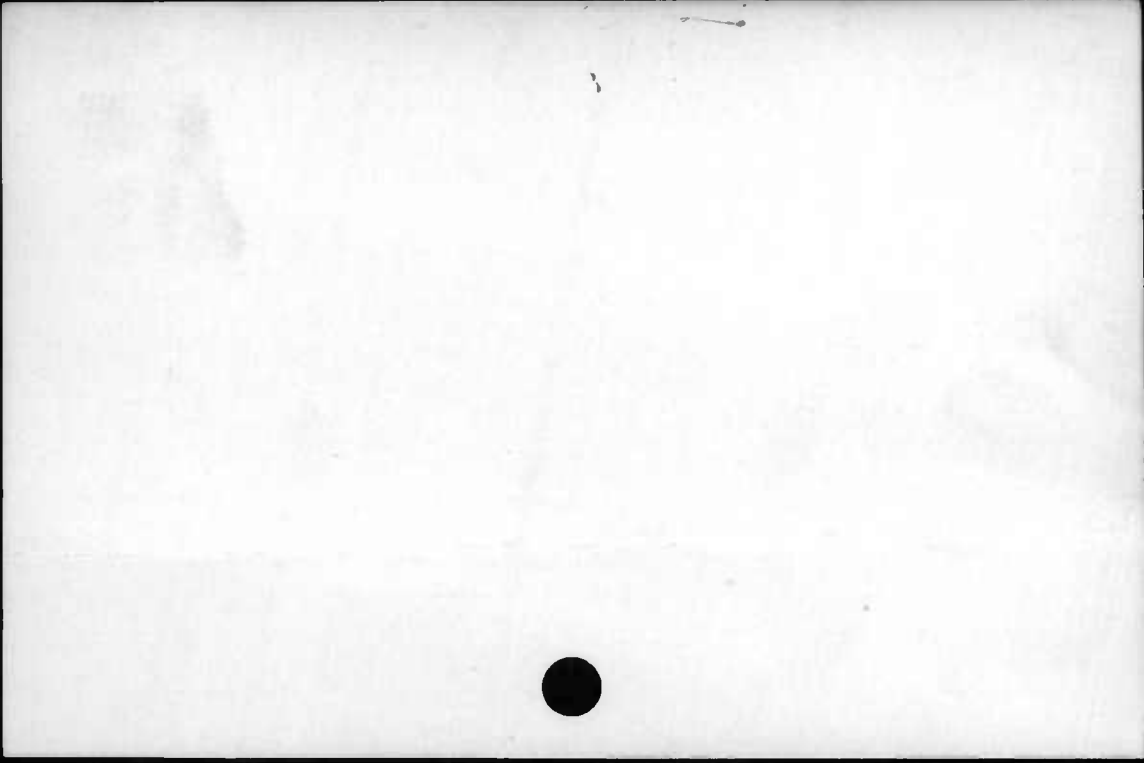
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary G. Horsemen</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Jessupville</i>		Month <i>May</i>		Day <i>9</i>	
Date of death <i>1906</i>		Age <i>75</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Wicomico</i>	
Occupation		Where Residing if not at place of death <i>"</i>			
Married Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Stephen Terrington</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Sarah Taylor</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Frank Horsem</i>		How related to deceased <i>son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>6 months</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. J. H. Zank</i>	
		Address <i>White House</i>	
Accident or Suicide?		<i>yes</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1906	Month	May	Day	29
Sex	male	Color or Race	White	Years	42
Occupation	Laborer		Birth-place	Md	
Where Residing if not at place of death					
Married, Single, or Married		Name of Wife or Husband <i>Bora Jenkins</i>			
Father's Name <i>Wm W Jenkins</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Ethel Turner</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Bora Jenkins</i>		(29)		How related to deceased <i>wif.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tubercular peritonitis</i>	How long	<i>2 weeks</i>
Immediate	<i>Tubercular peritonitis</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>I think so</i>		Signature of Physician <i>J W McDi...</i>	
Address <i>Salisbury, Md.</i>			
<i>Only saw this man a few days before death. He had been in hands of another physician until then.</i> Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

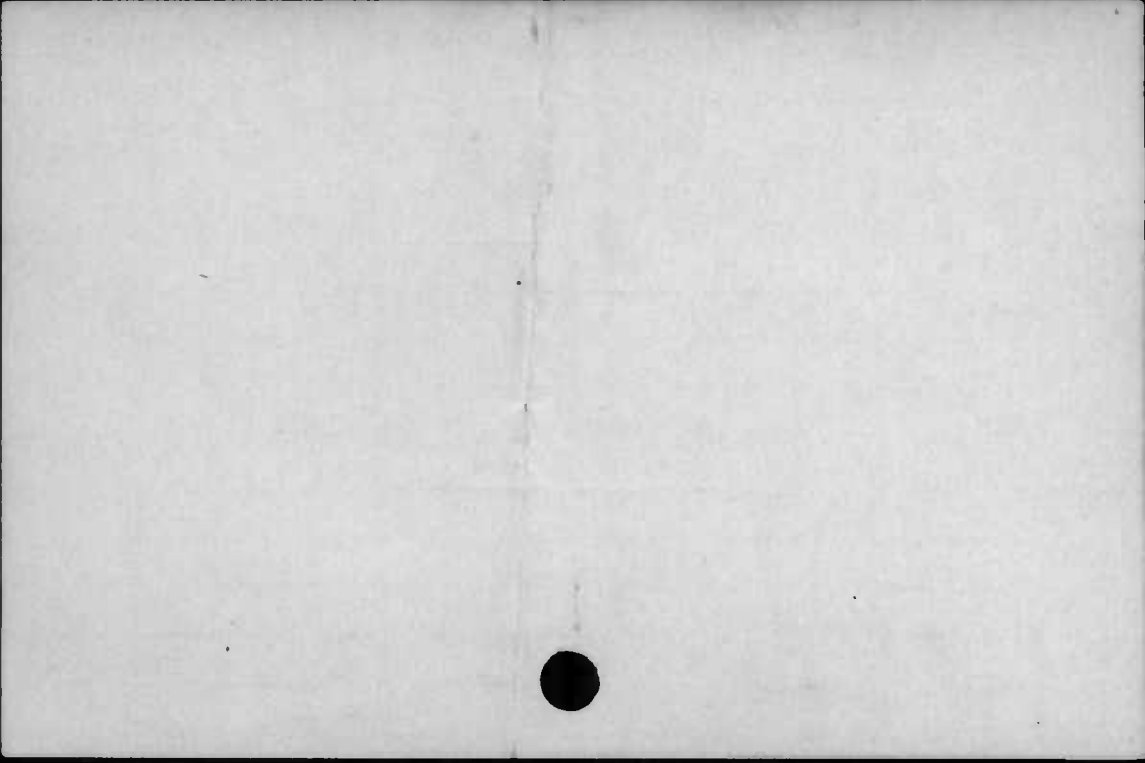
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marbletown</i>			County <i>Wicomico</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>6</i>	Age <i>80</i>	Years	Months	Days
Sex		Color or Race <i>Colored</i>		Birthplace <i>Barren Creek Wis</i>		
Occupation <i>General house work</i>			Where Residing if not at place of death <i>Quarantine District</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Sidney Windsor</i>				
Father's Name				Father's Birthplace		
Mother's Maiden Name <i>Nancy Johnson</i>				Mother's Birthplace		
Name of person giving information <i>Geo E Johnson Brog</i>				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart trouble & age</i>	How long <i>more or less seven months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. C. Conway</i>
	Address <i>Marbletown Md.</i>
Accident or Suicide?	



Name
in
Full

A. D. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death	1906	Month	May	Day	13
Age	24	Years		Months	3
Sex	male	Color or Race	white	Birth-place	
Occupation	<i>Telegraph Messenger</i>		Where Residing if not at place of death <i>Delmar Del</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Run over by R.R. train & killed, died when struck</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Louis W. Morris M.D.</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
FullFrancis L. Kennedy
Town Riverston County Wicomico

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1906 Month May Day 18 Age 59 Years Months 3 Days 13

Sex Male Color or Race White Birth-place Md

Occupation Farmer Where Residing if not at place of death

Married, ~~Yes~~ Name of Wife or Husband Eva B. Kennedy

Father's Name Isaac Kennedy Father's Birthplace Md

Mother's Maiden Name Mary Graham Mother's Birthplace Md

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary Consumption — (27) How long 2 Months
Immediate Tuberculosis — How long 2 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Isaac L. English

Address Mardela Springs, Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Coroner



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Clara Quintan</i>		Town <i>Arbron</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Arbron</i>		Month <i>5</i>		Day <i>16</i>		Age <i>16</i>	
Date of death <i>1906</i>		Months <i>5</i>		Years <i>16</i>		Days <i>16</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>			
Occupation <i>Lady</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>Sam Dickerson</i>		Fether's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Lusan Drashfield</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Lusan Dickerson</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name

In
Full

Ida May Riggins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Tony Lank</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1906	Month <i>May</i>	Day <i>22</i>	ond.	Age <i>0</i>	Years <i>0</i>	Months <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Parsonsburg Md.</i>				
Occupation <i>~~~~~</i>			Where Residing If not at place of death <i>~~~~~</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>~~~~~</i>					
Father's Name <i>John T. Riggins</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Emma O. Morris</i>				Mother's Birthplace <i>Ohio</i>			
Name of person giving In formation <i>John T. Riggins</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>179</i>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician <i>Geo. C. Hill</i>
		Address <i>Undertaker Salisbury Md.</i>	
Accident or Suicide?			

There was no Doctor to see the baby.

It was found dead in bed. They thought it was well as usual when they put it to bed and found on arising next morning. The child had died during the night. The parents told me it had not been sick.

There was no inquest

Geo. C. Hill
Undertaker

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Festerville</i>		Town <i>Memphis</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>15</i>	Age <i>32</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Memphis</i>				
Occupation <i>housekeeper</i>			Where Residing If not at place of death <i>"</i>				
Married, Single or Widowed			Name of Wife or Husband <i>Wm. Turner</i>				
Father's Name <i>John Turner</i>			Father's Birthplace <i>Wentworth Ind</i>				
Mother's Maiden Name <i>Mattie Birdley</i>			Mother's Birthplace <i>Wentworth Ind</i>				
Name of person giving information <i>James Brooks</i>			How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Blood Poison</i>	How long <i>6 days</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Returned &
Returned.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Forest Grove</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death	1906	Month	May	Day	3rd	Age	64
Sex	Male		Color or Race	White		Birth-place	Wicomico Co. Md.
Occupation	Farmer			Where Residing If not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Amanda White			
Father's Name	Benjamin White					Father's Birthplace	" "
Mother's Maiden Name	Sallie Adkins					Mother's Birthplace	" "
Name of person giving information	Billy H. Holloway					How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(93)	How long
Immediate	Dr. Truitt pronounced it Pneumonia	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
		Underwriter
		Salisbury Md.
Accident or Suicide?		

Dr. George Louitt of
Parsonaburg.

Attended Mr. White. I had no means of
getting certificate from him.

Geo. C. Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full George W Wood		Town Salisbury		County Wicomico		MARYLAND	
Died at Salisbury		Month May		Day 1		Years 69	
Date of death 1906		Month May		Day 1		Years 69	
Sex male		Color or Race Black		Birth-place Md			
Occupation Laborer		Where Residing if not at place of death					
Mother, Single or Widowed		Name of Wife or Husband Leah G Wood					
Father's Name Enos Jones		Father's Birthplace Md					
Mother's Maiden Name Lizzie wood		Mother's Birthplace "					
Name of person giving information Lovv Washnell		How related to deceased Niece					

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

